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BIBDATASHEET

CONFIRMATION NO. 1508

Bib Data Sheet

SERIAL NUMBER 09/732,411	FILING DATE 12/07/2000 RULE	CLASS 435	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. CMZ-124CP
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APPLICANTS

Samy Ashkar, Boston, MA;

** CONTINUING DATA *****
THIS APPLN CLAIMS BENEFIT OF 60/129,709 04/16/1999 *mt*

** FOREIGN APPLICATIONS *****
PCT/US00/10329 04/17/2000 *mt*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 03/26/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *Maher # added* *MT*
Examiner's Signature Initials

ADDRESS
000959
LAHIVE & COCKFIELD
28 STATE STREET
BOSTON, MA
02109

TITLE
Adhesion modulatory peptides and methods for use

FILING FEE RECEIVED 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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CONFIRMATION NO. 1508

SERIAL NUMBER 09/732,411	FILING DATE 12/07/2000 RULE	CLASS 435	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. CMZ-124CP
APPLICANTS Samy Ashkar, Boston, MA; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/129,709 04/16/1999 ** FOREIGN APPLICATIONS ***** PCT/US00/10329 04/17/2000 IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/26/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING	TOTAL CLAIMS 29 INDEPENDENT CLAIMS 3
ADDRESS 000959				
TITLE Adhesion modulatory peptides and methods for use				
FILING FEE RECEIVED 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	